

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heil, Arlan D an §
Serial No.: § Examiner:
Filed: § Group Art Unit:
For: Foot Eversion § Atty Docket No.: HEIL 005
Inhibitor §

POWER OF ATTORNEY

Mail Stop; Commissioner for Patents
P.O. Box 1450; Alexandria VA 22313-1450

Sir:

The undersigned, being the inventor named in the above-identified patent application, hereby revokes all previous Powers of Attorney, if any and appoints:

Guy McClung
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Suite 347
16690 Champion Forest Dr
Spring, Texas 77379-7023

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jointly and severally with full power of substitution and revocation, to appoint associates under an associate power of attorney executed by either of them, to prosecute this application, and to transact all business in the Patent and Trademark Office in connection therewith and to receive the Letters Patent. This Power applies to the same extent to any proceedings established by the Patent Cooperation Treaty. Please direct all communications to:

Guy McClung
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16690 Champion Forest Drive
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Phone: 713 893 5244 Fax: 713 893 5258

Signed: 

Name: Arlan Dean Heil

Date: 9 Feb 04

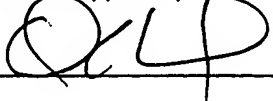
DECLARATION -- PATENT APPLICATION

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I the below named inventor am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "Foot Eversion Inhibitor", in the application of the same title filed herewith. I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims. I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby direct that all correspondence and telephone calls be addressed to Guy McClung, No. 347, 16690 Champion Forest Drive, Spring, Texas 77379-7023, Phone (713) 8935244, Fax (713) 8932163.

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Full Name: Arlan Dean Heil
(First)(Middle)(Last)

Inventor's Signature: 

Date: 9 Feb 2004 Country of Citizenship: U.S.

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